		THE DIVISION OF H					
VELCE WALL O	B03530	STANDARD CERTI	FICATE OF DE	ATH	State	File No	3474
FILED NOV 3	1952	REG. DIST. NO	PRIMARY REG. DIST	. NO. <u>5</u>	453 Regis	trar's No	967
1. PLACE OF DE	ATH Alle	ne	II 2 LISUAL RESU	DENCE O	Vhere deceased liv	red. If instit	tation: residen
a. COUNTY M	1880uri		a. STATE Miss	ouri_	b. COU	INTY Gr	eene "
b. CITY (If outside a	corporate limits, write F	tURAL and give c. LENGTH OF township) STAY (In this place	OR OR	OLDOLDIN IIIIII		degwot svig fa	ر رواد
TŎŴN Broo	kline		TOWN DIO	<u>okline</u>		0.	570
HACDIE II AD	(If not in hospital or i Brookline	natitution, give street address or location)	II ADDDECE	(it run). Brook]	sive location) Line		4
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		4. DATE	(Month)	(Day) (Y
(Type or Print)	MAUDE	S.	HEND	RIX		CTOBE:	
	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speedly)	8. DATE OF BIRTH		9. AGE (1n yes last birthday)	72 IF UNDER 1 Months 1	YEAR IF DECK DRIFT HOUSE
	White	Widowed 7	18 April   1	1888	64		1
On. USUAL OCCUPATE dans during most of way	ION (Clive kind of work king life, even if retired)	10b. KIND OF BUSINESS OR IN-	'		e ar Foreign Cou	ייע (ייע	2. CITIZEN O
Housewif		In home	Missour		<u> </u>		<u>usa</u>
3a. FATHER'S NAM		13b. MOTHER'S MAIDE	N NAME	_	AE OF HUSBAN	OR WIFE	
Sam Brown		Ide Conn	TO THE ABOVE		eased_	AME	4000
5. WAS DECEASED EV	/ER IN U.S.ARMED 11 year elve war or dates	FORCES? 16. SOCIAL SECURITY NO	1		ATURE OR N		ADDR
			111100 0				
9. CAUSE OF DEATH Sinter only one cause per ine for (a), (b), and (c)	1. DISEASE OR C	CONDITION MEDICAL MEDICAL MING TO DEATH*	4	-4/	nom bo	ngfie	Id Mo
8. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c)  "This does not mean he mode of dying, such to heart failure, asthenia,	I. DISEASE OR C DIRECTLY LEAD ANTECEDENT C Morbid condition rise to the above	AUSES  Lia, if any, giring DUE TO (b) Caree (a) stating	CORTIFICATION	-4/	1	· \	INTERVAL BE
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Carlo de location

If this body is not embalmed, fact should be so stated above.

SIATEMENT BY LICENSED EMBALMER						
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by						
vorking under my personal supervision.	Signed Oals Slove Is a					
Student Embalmer	Licensed Embalmer No. 4176					
Note: The above MUST BE SIGNED BY THE LI-	P. O. Address Strangfield CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with					